In his letter dated 10th August, 2006, offering comments on the notice, Shri Jaswant Singh, the Leader of the Opposition, says that he stands by his statement in the House on August 1, that the said letter was written by Graham to Barnes, that the copy of this letter was given to him and that it was not forged by him. Shri Jaswant Singh has also authenticated copy of the letter for being placed on the Table of the House.

I find that the basis of the said notice is merely a newspaper report viz., "that the *Indian Express* however has reported today that Barnes has denied having anything to do with what Leader of the Opposition in the Rajya Sabha, Shri Jaswant Singh, claims is the correspondence between Barnes and US Senator Thomas Graham." The comments offered by Shri Jaswant Singh, Leader of the Opposition, clearly reveal that the newspaper report was not based on substantiated facts. This case, therefore, highlights an important lesson that greater care, caution and prudence must be exercised in such a serious matter while relying on media reports.

In this case, it clearly emerges that Shri Jaswant Singh, the Leader of the Opposition made the statement in the House on August 1, quoting from a letter which he believed to be true and which he has also authenticated as true. It cannot, therefore, be said that his statement in the House on August 1, was wrong or made deliberately to mislead the House. Accordingly, no breach of privilege arises from his statement. In view of this, I do not consider it to be a fit case to be raised as a matter of breach of privilege. I, therefore, withhold my consent.

CALLING ATTENTION TO THE MATTER OF URGENT PUBLIC IMPORTANCE

Spread of chickungunya viral fever in different parts of the country and remedial measures taken by Government in regard thereto

SHRI V. NARAYANASAMY (Pondicherry): Sir, I call the attention of the Minister of Health and Family Welfare to the spread of Chickungunya viral fever in different parts of the country and remedial measures taken by the Government in regard thereto.

MR. CHAIRMAN: What type of disease it is?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): Sir, it is a viral disease spread by mosquitoes.

Chickungunya is a debilitating non-fatal viral illness. It resembles dengue fever. It is caused by Chickungunya virus. It is spread by the bite of female *Aedes* mosquitoes, primarily *Aedes aegypti*. Humans are considered to be major source or reservoir of Chickungunya virus for mosquitoes. Therefore, the mosquitoes usually transmit the disease by biting infected person and then biting others. The infected person cannot spread the infection directly to another person, that is, it is not contagious disease. Chickungunya typically results in a large number of cases but deaths are rarely encountered.

[MR. DEPUTY CHAIRMAN in the Chair.]

Aedes aegypti mosquitoes bite during the day time and breed in a wide variety of man-made containers which are common around human dwellings. These containers such as discarded tyres, flower pots, old water drums, family water trough, water storage vessels and plastic containers collect rain water and become the source of breeding of *Aedes* mosquitoes.

So far as current outbreak of Chickungunya is concerned, the States affected with Chickungunya fever are Tamil Nadu, Karnataka, Andhra Pradesh, Maharashtra, Madhya Pradesh, Gujarat and Kerala. The reported number of suspected Chickungunya fever cases is as follows (Annexure-I):-

State	No. of districts affected	Total fever cases/ suspected Chickungunya fever cases	No. of samples sent to NIV/NICD	No. of confirmed cases	No. of deaths
Andhra Pradesh	20	110618	1224	150	0
Karnataka	27	664129	4376	266	0
Maharashtra	31	216455	4443	507	0
Tamil Nadu	34	43580	413	59	0

Madhya Pradesh	4	44966	36	4	0
Gujarat	12	22963	317	26	0
Kerala	1	13	0	03	0
Total	129	1102724	10809	1015	0

The following strategies have been recommended for prevention and control of Chickungunya:

1. Detection and treatment of suspected cases:- Chickungunya is diagnosed by blood test. Since the clinical test for both Chickungunya and Dengue are similar, laboratory confirmation is important especially in the areas where Dengue is endemic.

There is no vaccine or specific medicine available against Chickungunya infection. There is no specific drug to cure the infection. However, the symptoms can be alleviated by taking pain relieving drugs like Paracetamol, plenty of fluids and normal diet.

2. Vector control:-

(i) Source reduction by elimination of all potential vector breeding places near the domestic or peri-domestic areas.

(ii) Not allowing the storage of water for more than a week. This could be achieved by emptying and drying the water containers once in a week.

(iii) Straining of the stored water by using a clean cloth once a week to remove the mosquito larvae from the water and the water can be reused. The sieved cloth should be dried in the sun to kill immature stages of mosquitoes.

(iv) Where the water cannot be removed but used for cattle or other purposes, Temephos 50% EC can be used once a week at a dose of 1 ppm (parts per million).

Use of Biological control methods like introduction of larvivorous fish, namely, Gambusia and Guppy in water tanks and other water sources.

Pyrethrum extract (0.1%) can be sprayed in rooms (not outside) to kill the adult mosquitoes hiding in the house.

3. Social Mobilisation through Behavioural Change Communication: The vector mosquito, *Aedes aegypti* breeding occurs in domestic and peri-domestic containers in the urban and sub-urban situation and hence, the participation of families and community becomes crucial. In order to bring changes in the behaviour of community in respect of prevention of mosquito breeding, sustained information, education and communication activities should be carried out, so that the people are motivated for safe disposal of solid wastes, observing a dry day in a week, straining of the stored water by using a clean cloth once a week to remove the mosquito larvae. The role of the elected representatives, media, faith based organisations, NGOs, resident welfare associations, corporate sector, etc. becomes a paramount importance in dissemination of correct information and ultimately leading to behaviour change in the community.

Sir, the following actions have been taken by the Government of India for prevention and control of Chikungunya.

States have been provided detailed guidelines for the prevention and control of Chikungunya fever. Review of Chikungunya situation by the Hon. Minister of State for Health and Family Welfare, Government of India on 29th July, 2006 at Hyderabad. The meeting was also attended by Hon. State Health Minister of Andhra Pradesh and Director, National Vector Borne Disease Control Programme (NVBDCP).

On 30th July, 2006, a meeting of Health Ministers of four states namely Andhra Pradesh, Maharashtra, Tamil Nadu and Karnataka was held at Bangalore. This meeting was also attended by the Director, NVBDCP. A joint action plan was prepared for the collaboration between the health authorities of these States.

Later, on 8th August, 2006, I had a meeting with the Health Ministers of Karnataka, Andhra Pradesh, Maharashtra, Tamil Nadu and Gujarat. The Ministers presented a memorandum in which, apart from other things like technical and material support for containing Chikungunya, a request for setting up of a new Virological laboratory in Southern India was made, which was agreed to. It was further agreed that the capacity for

production of reagents by National Institute of Virology, Pune, for confirmatory testing of Chikungunya would be augmented.

During the meeting on 8th August, 2006, the States had requested for additional support for information, education and communication activities. The request was accepted.

The officers of National Vector Borne Disease Control Programme have made field visits and provided technical support in all affected States. The dates of field visits are as follows.

Details of Field Visits by Officers of NVBDCP

State	Date
Andhra Pradesh	13th - 17th February 2006, 28th, 29th July, 2006, One team is currently camping
Maharashtra	3rd - 7th April, 2006 16th to 22nd August, 2006
Tamil Nadu	16th - 19th June, 2006
Karnataka	13th - 18th March, 2006
Madhya Pradesh	5th - 11th July, 2006, 28th July, 2006 to 4th August, 2006
Gujarat	10th to 14th August, 2006, one team is currently camping.

The information regarding materials supplied to the States is as follows:

Details of Material Supplied to the States

State	Temephos (in liters)		Pyrethrum (in liters)	
	2005-06	2006-07	2005-06	2006-07
Maharashtra	6290	9000	5000	10000
Andhra Pradesh	7700	5000	4500	5500
Tamil Nadu	5425	2000	7700	9000
Karnataka	2600	2500	2500	1500

The State of Madhya Pradesh has been supplied 3500 liters of Temephos and 6000 liters of Pyrethrum.

SHRI V. NARAYANASAMY (Pondicherry): Mr. Deputy Chairman, Sir, I thank you for giving me this opportunity. Sir, after the spread of bird flu in Maharastra, the disease Chikungunya has spread over to other States like Madhya Pradesh, Gujarat, Karnataka, Tamil Nadu and Andhra Pradesh, especially in the slum areas, tribal areas and the rural areas. The Hon. Minister has mentioned in his statement that these mosquitoes bite during the day and breed in containers such as discarded tyres, flower pots etc., and, due to water logging, it becomes a breeding ground for the mosquitoes.

Sir, the result of this disease is that people get high temperature, more than the viral fever, which they have, they get joint pains, and, thereafter, they are not able to move. This is the situation. Sir, it is a new disease and people were not aware of its implications. Actually, Sir, I got the information from Betul District of Madhya Pradesh where lakhs of people have been affected by Chikungunya. I brought it to the notice of the hon. Minister also and requested him that necessary assistance should be provided. The hon. Minister called a review meeting of the Health Ministers of the affected States and reviewed the situation. He said that medical officers have been sent to take preventive measures. Sir, according to the Hon. Minister, paracetamol tablet can be used, and, there is no specific drug for this disease.

Sir, a lot of people have been affected in the slum areas in Tamil Nadu, from where the hon. Minister comes. It was reported like that. I do not know whether it is a fact or not. One lady who had to get married after three-four days, died due to Chikungunya. This is reported in the newspapers. I do not know whether it is a fact or not. Even some of the Members of Parliament were also affected in Tamil Nadu. This is what the reports say. ...*(Interruptions)*.. A victim is sitting here also. Mr. Nandi Yellaiah has been affected by this disease. Sir, it is a dreaded disease which affects the people immediately. And, the hon. Minister says that the review meeting has been done and the officers have been sent for the purpose of helping the affected States. Sir, as far as the publicity is concerned, telling the people how it spreads and what preventive measures can be taken by the various States, the State machineries or the district machineries, it should be done on a war-footing, because prevention is better than cure. We have come to know about it only after it has spread

in the States like Maharashtra, Madhya Pradesh, Gujarat, Karnataka, Andhra Pradesh, Tamil Nadu and in some parts of Kerala also. Sir, I dispute the Annexure and the figures that have been given by the Ministry with regard to the number of people that have been affected by Chikungunya. As per my personal knowledge, as far as Madhya Pradesh is concerned, in Betul district, more than one lakh people have been affected. But, the figures that they have mentioned is only 44,966. Sir, we have put Nehru Yuva Kendra on the job. I request the hon. Minister to send the doctors to assist the State Government in helping the people who have been affected. But, Sir, whether it is Andhra Pradesh, Karnataka, Maharashtra or Madhya Pradesh, everywhere, the required medicines have to be given to the people. The worst situation is there in the tribal areas. The tribal people are most affected, especially, in the northern parts of the country. They do not know what kind of disease this is. They do not know what is the medicine for it. When they approach the doctors, the doctors are giving them only Paracetamol and say that after having it, the disease should be over. But, people are remaining affected for even more than thirty days. Fever is not coming down and is continuing for more than thirty days. I do not know whether it is there in other countries also. I would like the hon. Minister to explain whether such kind of disease is there in other countries also. Now, it is a new kind of disease that is coming. I would like to know from the hon. Minister what is the position with regard to the medicines that are required and the precautionary measures that have to be taken by various State Governments as well as the Health Ministry. I would like to know about this because I am not satisfied with the measures that have been taken by the Health Ministry. These measures are not sufficient to meet the danger that has been arising due to Chikungunya.

SHRIMATI S.G. INDIRA (Tamil Nadu): Thank you, Sir.

SHRI V. NARAYANASAMY: Why are you thanking me? Everybody is here to speak in this House and the Minister is here to reply. Sir, the measures which the hon. Minister has mentioned are, *vide* publicity through the State machinery, meeting of the Health Ministers in Hyderabad, review meeting in Delhi and sending the medical officers for controlling the Chikungunya in various States. Sir, as per my knowledge, as far as Madhya Pradesh is concerned, adequate medicines are not available, especially, in the tribal areas. Therefore, we have to put in some of the voluntary organisations to assist the people, to clean the area and also to provide medicines through the doctors. Now, what is the present position in this

regard? In Tamil Nadu, the disease is spreading in the city areas also. In Chennai also, it is spreading in the city areas. A part of Karnataka has also been affected. The situation is alarming in Kerala also. As per the information given by the hon. Minister, more than one lakh people have been affected in Andhra Pradesh; in Karnataka, more than six lakh sixty four thousand people have been affected.

Therefore, Sir, wide publicity should be given to this disease through the print and the electronic media. (*Time-bell*) People should be educated about it, especially people living in the rural and tribal areas, the Scheduled Caste people and the Scheduled Tribe people, people who are living in the slum areas. They have to be educated about this disease, and sanitation work should be done there. Thirdly, Sir, there should be a regular periodical check by the doctors in those areas, not only in the urban areas, but also in the rural and tribal areas where people are affected by this disease. I know pretty well that it is the duty of the State Government, but the Central Government has to facilitate, the Health Ministry has to facilitate the containing of this dreaded disease. Some doctors are not going to the rural areas and the tribal areas. They are not taking care of the patients who are there. I wanted the hon. Minister to send a team of doctors from the Central Government itself, because of the prevailing situation in Madhya Pradesh, Maharashtra, Karnataka, Andhra Pradesh, and Tamil Nadu, to assist those doctors. Since it is a new disease, the Health Ministry alone can help them. One, the publicity is not sufficient and educating the people about it is also not enough. Two, doctors are not paying sufficient attention to this disease. If it spreads in other States, to contain this, what are you doing? You are simply telling that Health Ministers have been called, you had a discussion with them and you have evolved a strategy how to go about it, but thereafter, nothing is being done in the field. The people who have been affected by this disease told us this. The joint pain is so severe that they are not able to move; they are actually crippled by this disease.

MR. DEPUTY CHAIRMAN: Please, conclude, Mr. Narayanasamy. ...(*Interruptions*)... On a Calling Attention, the first speaker is allowed only five minutes, as per the rule.

SHRI V. NARAYANASAMY: Sir, we are following the rules in this House. But the rules should be applied to everybody, not only to Narayanasamy.

MR. DEPUTY CHAIRMAN: It applied first to the Whips of parties. Please, conclude.

SHRI V. NARAYANASAMY: Sir, I want to seek three or four clarifications from the hon. Minister. I want him to reply on this.

Finally, Sir, the States want medicines. They need it. The Central Government has to provide medicine for them. I personally met the hon. Minister and discussed the issue of Madhya Pradesh. In fact, I received a complaint from..*(Interruptions)*...

SHRI R. SHUNMUGASUNDARAM (Tamil Nadu): Sir, he did not speak about Pondicherry. How many cases are there? ...*(Interruptions)*...

MR. DEPUTY CHAIRMAN: Mr. Narayanasamy. ...*(Interruptions)*... *(Time-bell)*

SHRI V. NARAYANASAMY: People of my State are not affected by this disease. That is why I am talking about other States. ...*(Interruptions)*...

MR. DEPUTY CHAIRMAN: Please, don't interrupt him; otherwise, he will take more time. The more you interrupt him, the more time he will take.

SHRI V. NARAYANASAMY: Therefore, Sir, let the hon. Minister...*(Interruptions)*...

MR. DEPUTY CHAIRMAN: He will reply to your questions.

SHRI V. NARAYANASAMY: Sir, the hon. Minister should pay due attention to contain the spread of disease and take positive steps.

MR. DEPUTY CHAIRMAN: Shri Penumalli Madhu, please, only clarification from the Statement. I would request all the hon. Members, who will be speaking on this, to seek only clarifications on the statement. Please, stick to it. From each party, not all.

SHRI PENUMALLI MADHU (Andhra Pradesh): Sir, the hon. Minister's statement is not presenting the real picture. The first and foremost thing, as far as Andhra Pradesh is concerned, is that there are 23 districts, and about more than six lakh people are affected by this disease. Every house is affected by this. MLAs, Ministers, MPs, and even Central Ministers are also affected by this disease. Our Minister, who is sitting here, is also affected by this disease. The situation is very serious. The Minister

has mentioned number of actions the Government has initiated. Sir, all these actions have nothing to do with the preventive measure of this disease. It is a viral disease. It is a global disease. It is a new phenomenon. In the recent past, since Independence, we never came across or saw this type of disease. Sir, malaria, dengue, AIDS, Chickungunya, etc. are new type of diseases that are spreading for the last fifteen years. Sir, after initiating reform...

MR. DEPUTY CHAIRMAN: No, no, Mr. Madhu, you are not making a speech here. You please put the question. ...(*Interruptions*)...

SHRIMATI BRINDA KARAT (West Bengal): Sir, please let him speak. ...(*Interruptions*)...

MR. DEPUTY CHAIRMAN: No, no, please, this is a Calling Attention. (Interruptions) I would request Shrimati Brinda*ji* that it is a Calling Attention. They will have to stick to the clarifications on the statement made by the Minister. ...(*Interruptions*)...

SHRI PENUMALLI MADHU: Sir, I am strictly asking questions connected with this. The question is, if we see the Economic Survey given in this House, if we see the expenditure for health for the last fifteen years, we will find that it has been decreasing. Sir, the amount that is allotted for health has decreased over the last fifteen years. Is that not the reason for spreading this type of viral diseases? Sir, the preventive measures that should have been initiated by the Government have not been initiated. It is going on all over India and all over the world. In many other countries which propagate privatisation and incentives to private capital, in those countries, eighty per cent public spending is taking place on health. In India, only fifteen per cent of the public spending is on health. ...(*Interruptions*)... Is it not a fact that it is because of the low spending, neglect of preventive measures and privatisation of health? The UPA Government, in its Common Minimum Programme, had assured to enhance the allocation for health. But, so far, it has not been done. It had assured to enhance it by two or three times. But that has not taken place. So, I would like to know from the Minister whether he is going to take any concrete steps to pump more money to contain this type of diseases. He says, it is not a contagious disease. Sir, it is being spread through mosquito and mosquito bites. It is a new type of mosquito. It bites only in the daytime, not in the night. If the night mosquito bites, this virus will not spread. This type of mosquito is a new phenomenon. What is the Health

Ministry doing? What is the amount it has spent? In his answer, he has not given any categorical reasonable reply ...(*Time-bell*)... as to what amount he has allotted for this? So, this is the point which he has to answer.

MR. DEPUTY CHAIRMAN: It is a very good point. Shri Nandi Yellaiah. एक-दो मिनट में क्वेश्चन पूछिए, प्लीज। The MOS for Health is also a victim.

श्री नंदी येल्लैया (आन्ध्र प्रदेश): सर, इससे मैं भी सफर हुआ हूं, इस बीमारी के कारण मैं आपको बताऊंगा। ...**(व्यवधान)**...

SHRI N. JOTHI (Tamil Nadu): Sir, it is a very serious matter. Let us show more concern to this.

MR. DEPUTY CHAIRMAN: Definitely, but the concern is time.

SHRI N. JOTHI: Sir, we are suffering very badly. I have lot of questions for the Minister.

MR. DEPUTY CHAIRMAN: You just put the questions.

श्री नंदी येल्लैया : उपसभापति महोदय, हमने सुना है कि भारत की आजादी के बाद हमारे देश में कई किस्म की नई-नई बीमारियों से कुछ लोग अफेक्टेड हैं। लेकिन एक चिकेनगुनिया बीमारी ऐसी है कि मैं पैट्रोलियम कंसलटेटिव कमेटी की एक मीटिंग अटेंड करने के लिए नाइंथ को मुम्बई गया था। इस बीमारी के लिए हमारे माननीय मंत्री जी यह बोल रहे थे कि इसके लिए आज तक इसकी कोई दवा नहीं है, कोई इलाज नहीं है और खुद भी यहां पेसेंट की हैसियत से बैठे हैं और मिनिस्टर भी अफेक्टेड हैं। एच0आर0डी0 मिनिस्टर पुरन्देश्वरी जी भी अफेक्टेड हैं, मैं भी हूं और शायद हनुमंत राव जी भी अफेक्टेड हैं।

श्री वी0 हनुमंत राव (आन्ध्र प्रदेश): हां, मैं थोड़ा अफेक्टेड हूं।

MR. DEPUTY CHAIRMAN: TDP is not affected.

श्री नंदी येल्लैया : सर, अभी हमारे पत्रकार दर्डा साहब बोल रहे थे कि तीस साल पहले यह बीमारी आई थी। मैं हैल्थ मिनिस्टर से ख्वाहिश करूंगा कि आज हमारे देश के अंदर ...**(व्यवधान)**... सर, आप थोड़ा सुनिए। ...**(व्यवधान)**...

श्री उपसभापति : आप बोलिए। ...**(व्यवधान)**...

श्री नंदी येल्लैया : जो लोग लेबर्स हैं, जो लोग इंडस्ट्रियल वर्कर्स हैं, जो लोग मजदूरी करते हैं, उनको जो अफेक्ट हुआ, उनके काम का दो महीने, तीन महीने तक नुकसान हुआ है। मैं भारत सरकार से, हैल्थ मिनिस्टर से कहना चाहता हूं कि बहुत सा पैसा आप फ्लड अफेक्ट के लिए देते हैं, इसके अलावा भारत सरकार कई मुसीबतें आने पर पैसा देती है, लेकिन जो मासूम लोग हैं, जिनको इस बीमारी से अफेक्ट हुआ है, जो इंडस्ट्रियल लेबर्स हैं, उन तमाम लोगों को जो नुकसान हुआ है, उसके लिए उन्हें कुछ मदद दी जाये। ...**(व्यवधान)**... not only कर्णाटक,

मध्य प्रदेश, तमिलनाडु, आन्ध्र प्रदेश के अंदर कुछ लोगों ने इंजेक्शन्स लिए, कुछ लोगों ने ग्लूकोज़ लिया और कुछ लोगों ने दवाइयॉं लीं, उनको मुख्तलिफ किस्म की तकलीफें हुईं। मंत्री जी, खुद एमबीबीएस डाक्टर हैं, not only मिनिस्टर, इनको मालूम होना चाहिए कि यह क्यों हुआ, कैसे हुआ? मुझे एक पीएचडी डाक्टर बता रहे थे कि अमेरिका के अंदर इस तरह से, अगर कोई नई बीमारी आ जाती है, तो उसका जो ट्रीटमेंट है, उसका जो इलाज है, उसके लिए सिर्फ एक हफ्ते में वहां पर नया फार्मूला तैयार हो जाता है। मैं माननीय मंत्री जी से कहूंगा कि जहां पर स्लम्स हैं, जहां पर इंडस्ट्रियल वर्कर्स हैं, जहां पर गंदगी है, ...**(व्यवधान)**... मैं अकेले आन्ध्र प्रदेश के बारे में नहीं कह रहा हूं। मंत्री जी को तो सभी स्टेट्स के बारे में सोचना है, वह सिर्फ आन्ध्र प्रदेश के मिनिस्टर नहीं हैं, वह भारत सरकार के हैल्थ मिनिस्टर हैं। मैं चाहता हूं कि इससे जो गरीबों को नुकसान हुआ है, उनके दो-तीन महीने के काम का नुकसान हुआ है, इसलिए उनकी मदद की जाये। इस बीमारी के बारे में, मैंने डाक्टर्स से कंसल्ट किया। यह बीमारी डाक्टर्स को हुई, लॉयर्स को हुई, नेताओं को हुई, यह क्या मच्छर है, यह समझ में नहीं आता है, यह रात में नहीं काटता है, बल्कि दिन में काटता है। यह क्यों काटता है, क्यों है? इसका आज तक कोई रिप्लाई नहीं आया है। ...**(समय की घंटी)**... अभी हमारे माननीय हनुमंत राव जी कह रहे थे कि इसके लिए एक कमेटी बना दी जाये। इसकी जांच करने के लिए कि यह कैसे आया, क्यों आया, किधर से आया, फॉरेन से आया या साउथ अफ्रीका से आया? ...**(व्यवधान)**... सर, मैं आपका बहुत-बहुत शुक्रिया अदा करता हूं कि आपने मुझे बोलने का अवसर प्रदान किया। धन्यवाद।

MR. DEPUTY CHAIRMAN: Shri R. Shunmugasundaram.

SHRI R. SHUNMUGASUNDARAM: Sir, ...*(Interruptions)*...

श्रीमती माया सिंह (मध्य प्रदेश): सर, एक मिनट। ...**(व्यवधान)**...

SHRIMATI S.G. INDIRA: Sir, I have given a notice. ...*(Interruptions)*...

श्री उपसभापति : आपका नाम है। ...**(व्यवधान)**...

SHRI N. JOTHI: Sir, ours is a larger party. ...*(Interruptions)*...

SHRI R. SHUNMUGASUNDARAM: We are a ruling party! ...*(Interruptions)*...

MR. DEPUTY CHAIRMAN: Mr. Jothi, don't bring in party politics and all that. ...*(Interruptions)*... I have got the list of names before me. I am calling the names according to the list.

श्रीमती माया सिंह : सर, मुझे भी बोलने का मौका दे दीजिए। ...**(व्यवधान)**...

SHRIMATI S.G. INDIRA: Sir, I have given a notice. ...*(Interruptions)*...

SHRI N. JOTHI: Sir, we have given a notice. ...*(Interruptions)*...

MR. DEPUTY CHAIRMAN: What is this? Nothing will happen if you go on interrupting like this? ...*(Interruptions)*...

SHRI R. SHUNMUGASUNDARAM: Sir, ours is the original party. ...*(Interruptions)*...

SHRIMATI S.G. INDIRA: Sir, I have given a notice for Calling Attention.

श्री उपसभापति : आपका नाम है। **...(व्यवधान)...** कॉलिंग अटैंशन में पॉलिटिकल पार्टी है, यह नहीं आता है। **...(व्यवधान)...** Your name is there. ...(Interruptions)...

SHRIMATI S.G. INDIRA: Sir, I have given my name.

MR. DEPUTY CHAIRMAN: Your name is there. ...*(Interruptions)*... Your name is there. Please sit down. ...*(Interruptions)*... Mr. Shunmugasundaram.

SHRI R. SHUNMUGASUNDARAM : Sir, the statement of the hon. Minister shows that there are about 43,000 cases reported in Tamil Nadu. I understand that it actually started spreading from Namakkal District in Tamil Nadu...*(Interruptions)*... Sir, from February...*(Interruptions)*...

MR. DEPUTY CHAIRMAN: Please seek clarifications.

SHRI R. SHUNMUGASUNDARAM: Sir, I am seeking clarifications only. Unless I make...

MR. DEPUTY CHAIRMAN: No, no; seek clarifications on the statement. Don't go into the history and wherefrom it originated.

SHRI R. SHUNMUGASUNDARAM: Sir, I am seeking clarifications based on the statement.

MR. DEPUTY CHAIRMAN: Mr. Shunmugasundaram, you always ask very pointed questions. Please ask pointed questions only.

SHRI R. SHUNMUGASUNDARAM: Sir, Annexure-II of the statement says that it was originally reported in Andhra Pradesh in February. At present, it has been contained in Namakkal and, of course, in and around Chennai, in the surroundings of Chennai. There are a few cases reported. The State Government of Tamil Nadu has spent about Rs.6 crores. They have sanctioned this amount. They have spent the amount in taking prompt action. Sir, the Health Ministers of various States, as reported, have also met. The State Government of Tamil Nadu has

demanded Rs.17 crores from the Central Government for meeting the expenditure and also for taking appropriate action. The State Government of Tamil Nadu has also made a demand for establishment of labs. Sir, this is very crucial. But the Minister's statement has not stated anything about that.

At present, the lab is at Pune; it becomes very difficult for all the other affected States, particularly the southern States, to send blood samples there for testing purposes. Particularly in Karnataka, there are over six lakh cases. In Andhra Pradesh, there are about two lakh cases. Therefore, each State, particularly Tamil Nadu, has asked for the establishment of lab at Chennai. That has to be acceded to by the hon. Minister.

Apart from that sum, which is Rs.17 crores, how much money has been asked for by each State, that has not been referred to by the hon. Minister, Sir.

MR. DEPUTY CHAIRMAN: Shrimati S.G. Indira. You also seek clarifications because you wanted Shri Shunmugasundaram to seek clarifications only!

SHRIMATI S.G. INDIRA: Yes, Sir. I am having a copy of the statement of the Minister, and I am going to seek clarifications only.

Sir, the Minister has come forward to give this statement in response to the Calling Attention Motion. Sir, I think, it is too late. He should have come forward earlier, as was done in respect of Coca Cola and other cold drinks; he should have given a *suo motu* report because in many States, in many districts, lakhs and lakhs of people have been affected. This is my first clarification, Sir.

And, in this statement, he has also given all the details. This disease is caused by mosquitoes, and everything is reported here. "There are a large number of cases, but deaths are rarely encountered." He has mentioned all that. But that is not true, Sir. Every day, in the media, and on T.V., we are regularly watching all the districts affected in Tamil Nadu. They are visiting the areas. Sir, hon. Member Mr. Narayanasamy has also mentioned that a girl's marriage was fixed, but ten or fifteen days before her marriage, the boy had died. It is reported in all newspapers in Tamil Nadu. But no action has been taken by the State Government or by the Union Minister in this regard. ...*(Interruptions)*...

SHRI R. SHUNMUGASUNDARAM: Sir, this is not correct. ...(*Interruptions*)...

MR. DEPUTY CHAIRMAN: Mr. Shunmugasundaram, please hear what the other Members want to say. ...(*Interruptions*)... Please sit down. ...(*Interruptions*)...

SHRIMATI S.G. INDIRA: Sir, I want to mention here.....(*Interruptions*)...

MR. DEPUTY CHAIRMAN: Please sit down. Don't interrupt her. ...(*Interruptions*)... ...(*Interruptions*)...

SHRI N. JOTHI: You are not aware of that. ...(*Interruptions*)... You were in a foreign country, Congo. ...(*Interruptions*)...

SHRIMATI S.G. INDIRA: Don' disturb me. ...(*Interruptions*)...

MR. DEPUTY CHAIRMAN: Please don't interrupt her. If there is anything wrong, the Minister will correct that.

SHRIMATI S.G. INDIRA: Sir, I want to mention here. In this august House, I have a witness, one of the Members from my party, Mr. Perumal. His wife was affected. And Mr. Anbalagan himself was affected by Chikungunya. He was hospitalised for forty days. He is having the capacity to spend for medical treatment, but what about the poor people? The breadwinner of every poor family has been affected. But no monetary assistance has been given to them till now. This is the clarification I am seeking.

Sir, he has also mentioned that there is no vaccine or specific medicine available for Chikungunya. We accept that, Sir. But what is the financial assistance given to that particular family affected by this? Is there any mobile doctor going to that particular area? They have not given even the medical treatment to those people, Sir.

MR. DEPUTY CHAIRMAN: Okay.

SHRIMATI S.G. INDIRA: Sir, I want to seek many clarifications. In the fifth para, it is stated:

> "During the meeting on 8th August, 2006, the States have requested for additional support for information, education and communication activities. The request was accepted."

All this is mentioned there. But what are the consequences? It is an emergent matter. It is a very serious matter. It is affecting the people, especially the poor people. They have been affected badly. For 40 days, no help was given. What is this, Sir? ...*(Interruptions)*... They have accepted the request of all the States. But what are the consequences? Has the Minister come forward and given them any assistance immediately? No. But the Minister has mentioned that...*(Interruptions)*...

MR. DEPUTY CHAIRMAN: Okay.

SHRIMATI S.G. INDIRA: Sir, I am seeking clarifications only, nothing else.

MR. DEPUTY CHAIRMAN: How many clarifications do you want to seek? Please leave some for Mr. Jothi.

SHRI N. JOTHI: There is no politics, Sir. Only clarifications.

MR. DEPUTY CHAIRMAN: Some of them you can seek.

SHRIMATI S.G. INDIRA: Sir, for blood test, we have to send the samples to Pune lab. There is no specific lab in Tamil Nadu. Everybody can't afford to go to Pune. In this regard, I agree with hon. Member, Shri Shunmugasundaram. In the State Assembly, the State Health Minister has mentioned that no death has been reported.

SHRI SHUNMUGASUNDARAM: Is the happening in the State Assembly relevant here? ...*(Interruptions)*... Can she comment on that? ...*(Interruptions)*...

MR. DEPUTY CHAIRMAN: I will deal with it. Don't mention what has happened in the Assembly. ...*(Interruptions)*... You seek clarifications. ...*(Interruptions)*...

SHRIMATI S. G. INDIRA: It was not in the Assembly. He has mentioned to the media that no death has been reported. I don't accept that. Every day, small kids, old people and, especially, the breadwinners of poor families are affected. No financial assistance is given to them. So, I request the Minister to come forward and take immediate action.

He has also mentioned that officials had visited places. The Minister is from Tamil Nadu. Every week he is going to Tamil Nadu. But he has not visited even his area, Dharmapuri. ...*(Interruptions)*...

MR. DEPUTY CHAIRMAN: Shrimati Maya Singh.

SHRIMATI S. G. INDIRA: That being so, necessary action should be taken and immediate financial assistance should be given to them.

श्रीमती माया सिंह : उपसभापति जी, मैं आपके माध्यम से मंत्री जी को बताना चाहती हूं कि मध्य प्रदेश में धार, झाबुआ, बड़वानी, बैतूल - जितनी भी आदिवासी बैल्ट है, उसमें यह बीमारी सबसे ज्यादा फैल रही है और बड़ी संख्या में लोग इस बीमारी के शिकार हो रहे हैं। राज्य सरकारें अपने स्तर पर इसके लिए प्रयास कर रही हैं और इस बीमारी के बारे में लोग ज्यादा जानते नहीं हैं। ...(व्यवधान)...

MR. DEPUTY CHAIRMAN: We have to conclude it by 1 o'clock. We have to have the Minister's reply also. One hour has been fixed for this.

श्रीमती माया सिंह : उपसभापति जी, मैं मंत्री जी से कहना चाहती हूं कि वायरल महामारी का रूप ले, इससे पहले ...(व्यवधान)... सर, मैं मंत्री जी से कहना चाहती हूं कि केंद्र सरकार की टीमें उन स्थानों पर जानी चाहिए, जहां इस तरीके की बीमारी फैली हुई है। मध्य प्रदेश में भी, पूरी आदिवासी बेल्ट में, बहुत बड़ी संख्या में लोग इस बीमारी के शिकार हो रहे हैं। केंद्र सरकार से विशेषज्ञ जाने चाहिए, डाक्टरों की टीमें वहां जानी चाहिए। डाक्टरों की स्पैशल टीमें वहां अभी तक नहीं गई हैं और लाइन ऑफ ट्रीटमेंट क्या है, यह भी तय करना चाहिए। यहां की टीमें जाकर वहां डाक्टरों से बात करें, लाइन ऑफ ट्रीटमेंट तय करें। इसके साथ-साथ केंद्र से, अभी बैतूल जिले में, इस बीमारी से बचाव के लिए कुछ मच्छरदानियां भेजी गई थीं, वे तो न के बराबर हैं। वहां इतनी बड़ी संख्या में लोग रहते हैं और अगर हम दस-बारह हज़ार के करीब मच्छरदानियां भेज दें, तो इससे क्या होगा? या तो जितने लोग प्रभावित हैं, उसके हिसाब से यह distribution होना चाहिए।

दूसरा, मैं आपके माध्यम से मंत्री जी से जानना चाहती हूं कि हेल्थ मिनिस्ट्री का जो रिसर्च डिपार्टमेंट है, क्या वह इस पर रिसर्च कर रहा है और इसके लिए anti dose तैयार करने के प्रयास आपके रिसर्च सेंटर के माध्यम से किए जा रहे हैं या नहीं? साथ ही, इसके बारे में लोगों को जानकारी देने के लिए दूरदर्शन के माध्यम से - दूरदर्शन आज गांव-गांव तक पहुंच गया है- और पब्लिक मीडिया, प्रेस के माध्यम से, जनता को aware करने का कोई प्रोग्राम, इस बीमारी से बचाव करने के लिए सरकार के द्वारा चलाया जाएगा या नहीं?

MR. DEPUTY CHAIRMAN: Shri N. Jothi.

SHRI SU. THIRUNAVUKKARASAR (Madhya Pradesh): Sir,.. .

MR. DEPUTY CHAIRMAN: Your party Member has spoken just now. Suddenly I can't allow you. Just because you have raised your hand, I can't call you. ...*(Interruptions)*...We are going by party-wise. ...*(Interruptions)*...

DR. K. MALAISAMY (Tamil Nadu): Sir, give me just one minute.

MR. DEPUTY CHAIRMAN: No. From the AIADMK sufficient number of people are there.

DR. K. MALAISAMY: I will never go beyond one minute.

SHRI N. JOTHI: Sir, I request the hon. Minister to listen to my questions and answer them question-wise, and not by bundling answers. One, have you not anticipated this disease prior to its occurrence? Two, do you have any mechanism in your Ministry to foresee this kind of diseases? Three, in your statement you have stated that this disease has started in Karnataka in February. Now, you have allowed it to spread to various States. That is your contribution. You had detected it on 13th February in Andhra Pradesh. It has occurred in Gujarat in August. I think it will go up to Arunachal Pradesh and then end by December. Except just watching it, what is your Ministry doing in this matter? Do you mean to say that the disease should come on its own and go on its own and you will do nothing, through your Ministry? What steps has your Ministry taken to eradicate this disease? Except your preaching, -- "We should have cleanliness, we should stay away from mosquitoes, we should eradicate mosquitoes, we should have clean water, we should have clean environment," -- what have you done? Does he mean to say that people here like only slums and sewages? What steps has your Ministry taken? Don't advise us -- what people should do; you must clean hands.

DR. ANBUMANI RAMDOSS: It is easy to talk like this.

SHRI N. JOTHI: Mr. Minister, don't get irritated. You are a Minister.

MR. DEPUTY CHAIRMAN: He is not getting irritated. He is laughing.

SHRI N. JOTHI: Do you mean to say that you have nothing except to watch the disease to come on its own and go on its own? This is my question. Then you said in Annexure 1 that there is no death. I am very sorry to say that in Tamil Nadu alone, 150 people have died so far. I do not know how many people would die in future. Out of 40,580 people affected by this disease in 34 districts, 150 have already died. You have said that there were no deaths. What pride do you get by saying that nobody has died? You want to say that your Ministry is functioning very well! We have seen that nobody....

MR. DEPUTY CHAIRMAN: That is not a question. That is not a clarification.

SHRI N. JOTHI: That is the understanding. At least, now on, from today onwards, do you have any plan to establish any laboratory or a system or a mechanism in your Ministry to detect these kind of diseases in anticipation, to eradicate these diseases in future and to initiate preventive measures? You have said very cleverly that there is no vaccine or specific medicine available against chikungunya. There is no specific drug. However, symptoms can be alleviated by taking pain relieving drugs. It is not pain. It is a disease. You are advising us to take pain relievers! You are not serious at all. The other day you took your stethoscope and coat to AIIMS. What prevented you from taking your stethoscope and coat to the affected people?...(*Interruptions*)...

MR. DEPUTY CHAIRMAN: Take it lightly.

SHRI N. JOTHI: I am advising him to go there and look into it, not just sit in his Ministry. Please go and see the people. Sir, at that time, I appreciated him.

MR. DEPUTY CHAIRMAN: That is not a clarification.

SHRI N. JOTHI: When he went to AIIMS, I had appreciated him. Why don't you do the same thing in Tamil Nadu also so that your photograph can come? Sir, I have three more questions. Will you concentrate, Mr. Minister, on analysing these kinds of diseases -- it is the responsibility of your Ministry -- so that you can warn the people in advance and people can take preventive measure and keep themselves away from death. You should do that, instead of doing vengeful activities against certain people.

MR. DEPUTY CHAIRMAN: Mr. Jothi, please sit down.

SHRI N. JOTHI: You are concentrating on these matters.

सुश्री अनुसुइया उइके (मध्य प्रदेश) : माननीय उपसभापति महोदय, अभी जैसा कि माननीय सदस्या श्रीमती माया सिंह जी ने तथा माननीय सदस्य श्री वी0 नारायणसामी जी ने मध्य प्रदेश के बारे में जानकारी दी है कि किस तरह से वहां पर चिकुनगुनिया नाम की बीमारी भंयकर रूप से फैली हुई है, केवल मात्र बेतुल जिले में ही नहीं, मध्य प्रदेश के अनेक आदिवासी बहुल अंचलों में यह बीमारी भयंकर रूप से फैली हुई है। इसकी रोकथाम के लिए गंभीरता से प्रयास करना चाहिए, वैसे तो मध्य प्रदेश सरकार के द्वारा काफी प्रयास किया जा रहा है। मैं माननीय मंत्री जी से कहना चाहती हूं कि उन्होंने जो सूची हमें दी है, इसमें उन्होंने जानकारी दी है कि मध्य प्रदेश में केवल 4 जिले इस बीमारी से प्रभावित हैं, 44,966 लोग इससे प्रभावित हैं, जिनमें infective नमूने केवल 38 लोगों के बताए हैं और 4 की पुष्टि हुई है। मैं माननीय मंत्री जी से कहना चाहती हूं कि उन्होंने मौतों की संख्या के बारे में ज़ीरो का आकलन किया है, जब कि मैं

आपको बता देना चाहती हूं कि केवल बेतुल जिले में ही काफी संख्या में मौतें हुई हैं, छिंदवाड़ा जिले में भी काफी मौतें हुई हैं, सागर जिले में भी काफी मौतें हुई हैं। मुझे समझ में नहीं आता है कि किस तरह से, किसने यह सर्वे करके रिपोर्ट दी है?

माननीय उपसभापति महोदय, आज मध्य प्रदेश में हजारों की संख्या में हर जिले में चिकनगुनिया बीमारी से लोग प्रभावित हुए हैं। मैं माननीय मंत्री जी से चाहूंगी कि तत्काल वे कोई टीम वहां भेजकर दवाएं उपलब्ध कराएं और जो परिवार इस बीमारी से प्रभावित हुए हैं, जिन लोगों की मौतें हुई हैं, उनके लिए भी वे आर्थिक सहायता देने की कोशिश करें, मैं आपसे यही निवेदन करना चाहती हूं।

SHRIMATI PREMA CARIAPPA (Karnataka): Sir, like all other States, Karnataka too has been very badly affected by the disease. Except one district, all the 27 districts have been affected, and more than 10 lakh villages have been affected. More than six lakhs of people have been affected by this. Sir, we had a good rainfall this year, but, since a large number of people have been affected by this disease which is associated with high fever and joint pains, they have not been able to go to their fields. People say, "There is good rainfall. But we are not able to go to the fields. We cannot sow the seeds and plough the fields." They are very much upset about this. Even though the Minister has taken major steps to control this disease, yet, I would like to give some suggestions so that he can further reduce the sufferings of the people. I would request the Government of India to take the following steps: Declare health emergency in affected States, provide medical assistance on a war-footing and save the lives of the people. Provide fogging machines to all the districts for taking up emergency intervention. Give emergency and intensive treatment for the severely affected. Though the disease has no specific treatment, the Government should supply the required symptomatic drugs in a sufficient quantity to all the affected areas and the affected people. Specialised teams should be sent with all the measures to check the breeding of the Aedes aegypti mosquitoes. Intensive Health Education and Awareness Campaigns should be organised, which, of course, the Minster has undertaken; but it should be intensive. Advertisements showing all precautionary steps should be given in all print and electronic media, and we should involve all the village Panchayats and elected representatives in this exercise. Also, Sir, the Government of India should provide ample financial assistance to the State Government to contain this deadly disease. The Government of Karnataka is facing financial problem, and the supply of medicines to Karnataka, comparatively, is also very less. The Director, National Vector Borne Disease Control Programme, Delhi, has supplied only

2000 litres of Pyrethrum Extract and 1000 litres of Temephos to the State, diverting them from the Delhi District Administration. However the Directorate of NVBDCP has provided no other help to the State. I would request the Government to see to it that there is enough supply of medicines and financial assistance is given. Thank you, Sir.

MR. DEPUTY CHAIRMAN: As far as Kerala is concerned, it is safe. ...*(Interruptions)*... Shri Mysura Reddy.

SHRI M.V. MYSURA REDDY (Andhra Pradesh): Sir, thank you very much for giving me an opportunity to speak on this. Sir, I agree with the hon. Minister that there is no curative treatment for this. It is only palliative treatment. Sir, in his statement, the hon. Minister has talked about a lot of preventive measures. The statement also indicates what all measures they have suggested and recommended to the State Governments. One of the preventive measures is, eradication of mosquitoes. First it occurred in the Karnataka-Andhra Pradesh border. During that time itself, the State Governments could have checked it. If they had done mosquitoes spraying, then, this disease might not have spread to other areas. Now, it is spreading like a wildfire throughout the country, especially in the whole of south India. Sir, in his statement, the hon. Minister has stated that Temephos has been supplied to the State Governments. As far as Andhra Pradesh is concerned, they have supplied 7700 litres of Temephos, and 4500 litres of Pyrethrum in 2005-06 and 5500 litres in 2006-07. But, nowhere in Andhra Pradesh has this Pyrethrum been spread. Sir, at least, I want to know from the hon. Minister whether there is any proposal before the Government of India to eradicate mosquitoes, just like they had in the Malaria Eradication Programme. Would they take up mosquito eradication programme or not?

SHRI GIREESH KUMAR SANGHI (Andhra Pradesh): Sir, first of all, I would like to say that the figures, *i.e.*, 110618 given about Andhra Pradesh are not correct. As per my knowledge, one in every ten persons is affected by Chikungunya in Andhra Pradesh. I have read a newspaper in Andhra Pradesh -- they have been regularly reporting about Chikungunya -- that there is widespread Chikungunya disease prevailing in the State, but I am sorry to say that the official machinery did not react immediately to take any preventive measures.

Sir, I have to put a few questions to the hon. Minister, and I will not take much of your time. First of all, I want to know whether any effort

was made to know wherefrom this disease has come. Was there any conspiracy to spread this disease in our country? How did it come, who has brought this into our country because it is not our native disease?

SHRI PENUMALLI MADHU: It is part of globalisation. ...(*Interruptions*)...

SHRI N. JOTHI: You are supporting them. ...(*Interruptions*)...

MR. DEPUTY CHAIRMAN: Mr. Madhu, please. ...(*Interruptions*)...

SHRI GIREESH KUMAR SANGHI: Sir, my next point is about the figures given in Annexure-I. It states the number of total fever cases/suspected Chikungunya fever cases. The hon. Minister himself has confirmed that about eleven lakh people are suspected to be having Chikungunya.

MR. DEPUTY CHAIRMAN: It is one lakh ten thousand. ...(*Interruptions*)... Don't read it incorrectly. ...(*Interruptions*)...

AN HON. MEMBER: Sir, it is 110000. ...(*Interruptions*)...

SHRI GIREESH KUMAR SANGHI: That figure is for Andhra Pradesh only. ...(*Interruptions*)... The number of samples sent to labs is about 10000, but the labs have confirmed only 1000 samples...(*Interruptions*)...

MR. DEPUTY CHAIRMAN: He is talking about the total number of cases. I thought it of Andhra Pradesh.

SHRI GIREESH KUMAR SANGHI: Sir, I would like to draw your attention. What about the balance samples? I want to know whether they have been tested or not. If tested, whether they have proved negative or they are still under testing.

Sir, my next question is this. How much time does it take to test a sample and give report? I understand that it takes about 15 days. So, what will happen to the patient during those 15 days to know whether he is having Chikungunya, and what treatment he has to take. I also want to know from the hon. Minister whether any research has been done to know whether Chikungunya affects the longevity of a person. Then, if the people who have been affected by Chikungunya are employed somewhere, whether they would be entitled for leave during that period. As my fellow colleague has said, it is a health emergency. It is definitely health emergency. The disease is spreading like a wildfire in our country, particularly in the

1.00 P.M.

Southern States, and immediate action has to be taken to check it. Thank you, Sir.

प्रो0 राम देव भंडारी (बिहार) : माननीय उपसभापति जी, स्थिति गंभीर और चिंताजनक है। इस बीमारी से 7 राज्यों में 11 लाख से अधिक लोग प्रभावित हुए हैं। महोदय, मुझे एक चीज समझ नहीं आ रही है कि यह बीमारी इन 7 राज्यों में जो, आर्थिक रूप से विकसित हैं, मजबूत हैं, क्यों गई हैं? मैं बिहार के रहने वाला हूं, वे उड़ीसा के रहने वाले हैं, पिछड़े राज्य हैं, यह बीमारी इधर नहीं आयी, बहुत अच्छी बात है। आर्थिक रूप से मजबूत राज्यों में यह बीमारी गयी। दूसरी बात मैं यह जानना चाहूंगा कि कि क्या यह छुआ-छूत की बीमारी है? तीसरी बात, यह शब्द "चिकनगुनिया" कौनसी भाषा का है? अगर अंग्रेजी का शब्द है तो हिंदी और क्षेत्रीय भाषाओं में इस का क्या अर्थ है?

SHRI PRASANTA CHATTERJEE (West Bengal): Sir, to control this disease, the Minister also has stated that biological control, or the prevention of this disease should be seriously thought. There are some particular type of fish--Guppy fish and Gambusia fish--the Minister has given the names. We will have to take action to supply, to preserve and use that special type of fish. We can do that only through the local bodies. I would like to know the steps that are being taken.

Secondly, there are very serious problems about blood testing. In many of the urban areas, even in Kolkata also, when I was running the local body, I have seen these problems. I would like to know how the Government is helping those local bodies so that they would test the blood samples immediately, in a day or two. The hon. Health Minister knows that you do the blood testing for malaria and give the medicines immediately. Dengue is another.

The use of mosquito nets by the patients is another thing even during the daytime. Because there will be breeding places, everybody knows it. If you can educate the people, the patients, to use the mosquito nets, it would be nice.

These are the questions to which I would like to have replies from the Minister. What actions he is going to take on these?

SHRI SU. THIRUNAVUKKARASAR: Sir, the Minister himself has stated in his statement that there is no specific drug available for this disease. He has said that only pain relievers are available. Through the pain reliever, you can only relieve the pain but you cannot cure the disease. I would like to know from the Minister whether any committee, scientists, or

any senior doctors are put on the job to find out any other alternative medicine. That is one thing. Another thing is, 129 districts are affected. As per the report, more than 11 lakh people are affected. The number of deaths reported is zero. I would like to know...

MR. DEPUTY CHAIRMAN: That question has been put by everybody. There is no need to repeat. ...(*Interruptions*)... Why do you repeat it?

SHRI SU. THIRUNAVUKKARASAR: What is the hesitation in accepting? I would like to know whether the States are afraid of telling the truth or you do not have the mechanism to find out. I would like to support the point of Mr. Shunmugasundaram. I too insisted the hon. Minister to establish labs and release of adequate funds to the States affected by this disease. Thank you.

SHRIMATI HEMA MALINI (Nominated): I am sure the hon. Minister is going to work very hard in eradicating the chikungunya from all over the country. I request him to start the work right from our own House because there are so many mosquitoes biting us.

एक माननीय सदस्य : यहाँ पर मच्छर हैं, सर ...**(व्यवधान)**...

श्री उपसभापति : यहाँ पर मच्छर हैं? ...**(व्यवधान)**... It is dangerous.

श्रीमती माया सिंह : सर, हाउस में बहुत सारे मच्छर हैं। ...**(व्यवधान)**... यह हम सब की शिकायत है। ...**(व्यवधान)**...

श्री उपसभापति : इसे देखेंगे ...**(व्यवधान)**...

DR. K. MALAISAMY: Mr. Deputy Chairman, Sir, thank you very much...(*Interruptions*)...

MR. DEPUTY CHAIRMAN: Dr. Malaisamy. ...(*Interruptions*)... Only one minute. ...(*Interruptions*)... You keep up your promise. ...(*Interruptions*)...

DR. K. MALAISAMY: Sir, on a major menace like this, we should put our heads together and pull our weight together. In that process, the Minister has said that he has taken a lot of preventive and curative measure. My pertinent question is: in the process of your measures, are the efforts that have been made all out or is it only just a marginal or a usual or a routine effort? That is number one. ...(*Interruptions*)...

MR. DEPUTY CHAIRMAN: Your one minute is over. ...(*Interruptions*)...

DR. K. MALAISAMY: Number two. Sir, I am asking the Minister whether he can afford to gauge a time frame to drive out this menace once for all from this country. I like to know whether from his commonsense or from whatever source he is able to give us a rough time frame within which we should be relieved. Lastly, ...*(Interruptions)*...

MR. DEPUTY CHAIRMAN: That is from the management angle. ...*(Interruptions)*...

DR. K. MALAISAMY: In the process of various measures he has given, I would like to tell that there should be certainly certain grey weak areas, whether he is able to identify the deficiency or inadequacy and the measures called for. . ...*(Interruptions)*...

MR. DEPUTY CHAIRMAN: We will have to ask him to start analysis. ...*(Interruptions)*... Now Mr. Minister. ...*(Interruptions)*... No, no, you cannot, please ...*(Interruptions)*... That is not possible. ...*(Interruptions)*... How much the Health Minister inspires, then, we will decide about lunch. ...*(Interruptions)*... I have reserved it. .... *(Interruptions)*...

DR. ANBUMANI RAMADOSS: First of all, Sir, I would like to thank my colleague, Mr. Narayanasamy for bringing this very important issue to the notice of this House through his Calling Attention. In fact, Sir, rightly the whole country is apprehensive of this problem of chikungunya. It is coming to India after a span of 32 years. This disease was prevalent mostly in Africa. It started in Africa and in some islands of the Indian Ocean, which were very badly affected last year and this year. It has come to India and it has been spreading to different States, particularly, Tamil Nadu, Kerala, Karnataka, Madhya Pradesh, Maharashtra and Gujarat and people nearly in 130 districts have been affected by this disease. Sir, Mr. Naryanasamy wanted a clarification on the dispute in the Madhya Pradesh's figures. Sir, there is no denial nod from the Government of India or rather the State Government also and whatever information we get we accept it and we inform the House and public about the numbers. Sir, the Government of India is going for a new programme called the Integrated Disease Surveillance Project. It is a World Bank funded project and we are spending Rs.350 crores to Rs.400 crores. After its implementation, maybe in one-and-a-half year the whole programme will be implemented, we will be getting more accurate figures of every village and every block in this country of any disease affecting. We have 11 parameters initially to be shifted. But today, Sir, I depend on the State Governments, as health is a State Subject

and whatever information they give me, I have to depend on the State Government's surveillance data, and to collect it and inform the House and the public.

The concern about tribal people in Madhya Pradesh who are affected by this disease of chikungunya, yes, sir, as I said, it is a viral disease spread by the Aedes mosquito, which is day biting mosquito. And unfortunately, it is day biting mosquito and nets could not be used in the day time. This has been there in some areas where it is water-starved area. Recently it is more prevalent in the water-starved areas than water logged areas because this is a fresh water-breeding mosquito and the water used and kept in the earthen pots or plastic containers kept outside the houses. These are the best places for breeding of this mosquito. That is why we have given advisory on preventive aspects like community participation, on how we should go about it and that it is not only the Government's responsibility but also of the local bodies, community, NGOs, State-based, community-based organisations. A lot of people have to have involvement and that is what we are trying to do. We are giving information education communication activities. That is the topmost priority for creating awareness among the public. He was asking whether it has been started in other countries. Originally, it originated in Tanzania. That is why, in fact, Prof. Bhandari wanted to know what is the medicine for Chikungunya. It is a Tanzanian word. It was founded in Tanzania and from there it spread to other countries. It is more prevalent in Africa and in some Indian Ocean countries also.

THE MINISTER OF AGRICULTURE AND MINISTER OF CONSUMER AFFAIRS, FOOD AND PUBLIC DISTRIBUTION (SHRI SHARAD PAWAR): Why the word, 'chickun'?

DR. ANBUMANI RAMDOSS: The word is in Tanzanian language.

SHRI V. NARAYANASAMY: What do you mean by 'chicken' in Tanzanian language?

DR. ANBUMANI RAMDOSS: I am not aware of that. It has nothing to do with the bird flu.

SHRI V. NARAYANASAMY: What is the meaning of 'chicken' in Tanzanian language?

DR. ANBUMANI RAMDOSS: I will inform the hon. Member about that. In fact, this has sometimes been confusing with the recent bird flu

also. That is why we have created a lot of IEC activities. This has nothing to do with bird flu. This is a different disease altogether; and he said that adequate medicines were not available in Madhya Pradesh. Yes, if there is an issue, we will definitely look into it. As I said, there is no treatment concept of medicine for Chikungunya. Paracetamol is enough to tide over the fever and non-aspirin type analgesics are required. Sir, lot of colleagues have been asking about the figures of death. Figures of death are there. I will come to that later. This disease is a non-debilitating, non-fatal disease. As it is, people getting Chikungunya is not fatal. But, sometimes, there may be complications due to false mode of treatment which leads to kidney failure and other issues. Complications are there because of wrong mode of treatment by some people. That is why even doctors are now being sensitised. Sometimes, there are some errant doctors who give unnecessary anti-biotics, who give steroids and NaCld and sometimes complications arise due to that. But people generally do not die just because they get Chikungunya disease. In fact, he wanted us to send a team. Already a team has been sent to Madhya Pradesh.

SHRI N. JOTHI: Sir,...

MR. DEPUTY CHAIRMAN: No, no, please; let him complete.

SHRI N. JOTHI: I am sorry. I have been elected here to put questions to him, not to listen to what he says. Death is due to Chikungunya only. What is this? ...(*Interruptions*)...

SHRI V. NARAYANASAMY: You cannot impose...(*Interruptions*)...

MR. DEPUTY CHAIRMAN: Mr. Narayanasamy, I will handle. No, ...(*Interruptions*)... Mr. Jothi, we function here. You have been elected. We all know that all of us are elected. The question is we are following certain rules. The Minister is replying. I cannot go on allowing you to interrupt the Minister and go on putting...(*Interruptions*)...You see, whether the answer is ...(*Interruptions*)...

SHRI N. JOTHI: One hundred and fifty people died in Tamil Nadu. He is from Tamil Nadu and he must be knowing it.

MR. DEPUTY CHAIRMAN: No, no, Mr. Jothi, please sit down. The Minister in the Calling Attention makes a statement. The Members are given an opportunity to seek certain clarifications and the Minister replies to those clarifications. That is the end of it. There is no debate. There is no question and answer...(*Interruptions*)...

SHRI N. JOTHI: I am more concerned about deaths.

MR. DEPUTY CHAIRMAN: That is all right.

DR. ANBUMANI RAMDOSS: Even I am concerned about deaths. Not only you, everybody is concerned about deaths. You are not the only one.

MR. DEPUTY CHAIRMAN: Mr. Jothi, that is your opinion. Everybody respects your opinion. Let the Minister complete.

SHRI V. NARAYANASAMY: They are concerned...*(Interruptions)*...

MR. DEPUTY CHAIRMAN: Mr. Narayanasamy, please sit down.

DR. ANBUMANI RAMDOSS: Sir, Mr. Narayanasamy wanted to know whether a team could be sent to Madhya Pradesh. A team has been sent already and taking the intentions of a lot of Members from Madhya Pradesh, may be we could even send teams to the areas. If hon. Members asks us specifically as to which areas are affected, they can inform the Ministry and we could send more of them. Of course, you were saying that medicines are not available. Yes, Sir, basically, Paracetamol Anthroid, I am sure, definitely, is available in all the States. It is the responsibility of the State Governments to supply adequate medicines and pertaining to other chemicals like Temephos, Pyrethrum extracts. We have been sending adequate amounts. Whatever the State Governments have asked us, we have been sending adequate amounts of these materials to the State Governments to do indoor fogging or to mix it with the water which is used among the cattle and on the water stagnating outside the house.

Coming to Mr. Madhu's question of not presenting the correct picture, Yes, Sir, I have already said that this is the picture given by the State Governments and today I have to rely on the information -- surveillance, amount, quantum of problem, etc. -- given to me by the State Governments. I am dependent on them. That is why I have given this information.

And, he has also said that nothing has been done for prevention. Yes, Sir. As I said, this disease has come to India after thirty-two years. And, we have a National Vector-borndisease Control Programme where we have five components, Malaria, Filariasis, Japanese Encephalitis, Kala Azar and Dengue. Now, we have added Chickungunya also to this Programme after an outbreak this year.

Sir, the preventive mode of Chickungunya is literally like the preventive mode of other diseases. As I said, the straining of water, emptying vessels *i.e.,* more of IEC activities, is the most prevention aspect we have to enlighten and which we are trying to do with active cooperation of the State Governments.

Sir, the hon. Member has been saying that the spending in the health sector has decreased. I, definitely, would like to strongly counter that point. In fact, when the UPA Government had taken over, one of the important decisions taken was to increase the public spending on the health sector from 0.9 per cent to a minimum of 2 to 3 per cent of the GDP. After I have taken over as Minister two years ago, the total Budget for Health Ministry, approximately, was Rs. 6,500 crores. Today, in a matter of two years, it has gone up, approximately, to Rs. 11,000 crores. Definitely, the Government is spending a lot more. In fact, in the Eleventh Plan...(*Interruptions*)...I am coming to that...(*Interruptions*)...

MR. DEPUTY CHAIRMAN: He is giving the figure...(*Interruptions*)...

SHRI PENUMALLI MADHU: Sir, what actually is spent...(*Interruptions*)...

SHRI YASHWANT SINHA (Jharkhand): What is actually spent on health? ...(*Interruptions*)...

DR. ANBUMANI RAMDOSS: I am coming to that...(*Interruptions*)...

MR. DEPUTY CHAIRMAN: You can have a discussion on the Health Ministry wherein you can discuss all that. Not now...(*Interruptions*)...

DR. ANBUMANI RAMDOSS: The public spending means that all the State Governments have to cooperate. It is not only the Government's spending. It is both the Government of India and State Governments' spending. That is the public spending. We are trying to achieve the figure.

Under the National Rural Health Mission, we have asked the State Governments to increase their spending on health sector by 10 per cent each year in the next five years. So, we are putting a lot of conditions on the State Governments and we are going on that. So, there is no question of decreased amount of spending. I agree that the spending is not enough. But, we are trying to correct the deficiency which had been there in the last fifty years.

Sir, Mr. Nandi Yellaiah asked how assistance, through medicines etc., to those affected is given? The medicines are given by the State Governments. Other colleagues have asked about the monetary compensation, which, I think, the State Governments are entitled to do it. We don't have, at the national level, any policy as such to take decisions.

Mr. Shunmugasundaram has asked about the lab facilities. Yes, Sir. When the hon. Health Ministers of Southern States, including Gujarat, met me they had asked some contribution, some requirements from the Government of India. I have acceded to. We are already doing that. We have done something. And, in the course of time, we are going to do that. One of the requests was for having a lab in the Southern part of India. We have considered that and we will be setting up a lab in the Southern part of India. We have not specified any location as yet. But, we will be setting up a lab in Delhi, one in Pune and one is Southern India. But, maintaining a lab is supposed to be a...

SHRI RAVULA CHANDRA SEKAR REDDY (Andhra Pradesh): It may be set up in Hyderabad.

MR. DEPUTY CHAIRMAN: Don't raise the issue that it should be set up at Hyderabad or Karnataka.

DR. ANBUMANI RAMDOSS: It is very difficult to maintain that.

Smt. Indira said about the number of deaths reported in the media. I would like to say that I have already answered that question. She asked about the actual cause of deaths and complications as reported in the media. But, I could only report to the House the official communication that I have received from the States.

She also asked about the financial assistance. Again, Sir, the State Governments have to take a policy decision. We are not in a position to do that.

Smt. Maya Singh has asked about the visit of teams to the affected places. I have already replied to this question. Teams have already been sent to the affected places in Madhya Pradesh. But, if you have any specific area under your knowledge, please do enlighten us so that we could send more teams there.

She also asked what the research departments are doing. Yes, Sir, the ICMR has taken up this task of going more actively into research

and what can we do in this regard. But, globally, there is no vaccine for Chickungunya. But, again, ICMR is trying to do more research activities with other global partners, like the WHO.

As for IEC activities, I have been saying that a lot of IEC has been done, is being done and is going to be done, because it is one of the most important modes of prevention. People must avoid stagnating rubbers, rubber dinghies, tyres and other plastic containers; every week, they must strain the water using a white cloth and the cloth must be dried. All these activities need to be done. Also, we are providing sufficient quantum of indoor sprays, the pyrethrum extracts; they need to be used as indoor sprays and not outdoor sprays, and fogging needs to be done inside the room for about fifteen minutes. We are trying to supply all these things to the State Governments. Also, in coordination with the State Governments, we are spreading a lot of information using communication and awareness concepts.

Shri Jothi, in his usual rhetoric, has asked as to why the incidence of disease cannot be anticipated. Sir, this disease, like I said, has come after 32 years. Diseases recognize no borders and they could strike any time. For instance, the Bird Flu affected a lot of developed countries. Nobody expected that Bird Flu would strike the UK, Spain, or France. Thus, it has no borders. Now, once it has struck, we are trying to go all out for its prevention and are taking all possible steps. The Government of India, along with the State Governments, is taking all possible steps to do away with this problem. The hon. Member spoke about a laboratory; I have already answered this question.

Shrimati Anusuya spoke about sending a team to Madhya Pradesh, to which I have already said that if there are any specific...(*Interruptions*)...

Shrimati Prema Cariappa spoke about providing fogging machines to the districts. Sir, it is the duty of the State Governments to provide fogging machines for their programmes; we provide the necessary chemicals and other components, but fogging machines are provided by the State Governments. Even then, for the first time, as a one-time measure, I have issued orders to the Ministry to send fogging machines to some of the very badly affected districts as a Central assistance, specifically for this case of Chikungunya. We have about 500 to 1000 fogging machines now, which will be sent to the most affected districts in various States. About the teams, of course, in Karnataka...(*Interruptions*)...

Sir, Shri Mysura Reddy has talked about eradication of mosquitoes. Already, under the National Vector-borne Diseases Control Programme, we have been doing a lot of activities for control of mosquitoes. Approximately 500 districts, in this country, are affected by Malaria. This is a huge problem that we are having. We are trying to reduce the burden. It is a huge task, it is a *himalayan* task, for us to do. The problem is there not only in India, but it is a global phenomenon and we are trying our best.

Sir, Shri Gireesh Kumar Sanghi was asking as to where the disease had come from. It came from Tanzania in Africa. He was asking, why only 10,000 samples have been tested. This is mostly a clinical disease. Any doctor could clinically diagnose; but then, sometimes, as the problem recurs, it has been found to be identical with Dengue; there are similarities. That is why, among the affected cases we have picked up 10,000 samples, and, as I said, we have also increased the quantum of procurement of reagents, which could be used for testing. Also, suppose, one village is affected, we carry tests in that village and if experts say that there are one or two cases that tested positive, then, it is declared an endemic area. So, based on that, we go for mass-scale preventive measures.

Mr. Bhandari mentioned Tanzania; in fact, Chikungunya means, "that which contorts or bends" in Swahili language. As for the symptoms, I have already mentioned that there would be joint pains, swelling and fever; it has an incubation period of about two to four days and that is followed by fever for about five days to one week or sometimes even more than that. And, subsequently, there is swelling in the joints and joint pains; Paracetamol and lot of fluids need to be taken. And, Mr. Prasanta Chatterjee has rightly been saying about the biological efforts we have been making. It is rightly so, Sir. In fact, one of the best examples was in the Maharashtra State where gambusia and guppies fish were let out into a lot of fresh water ponds. And, there has been a drastic reduction in the mosquitoes prevalent in that area. We are supplying them free of cost. We are ready to supply any amount of fish to the different States and they are actively propagating it by taking the Maharashtra model. Gujarat is taking it up, and Madhya Pradesh is also taking it up. We have asked all the other States also to take it up, in a big way.

Mr. Thirunavukkarasar was asking whether any research work had been done or not. Yes, Sir. The Indian Council of Medical Research has been doing research. I have always been telling that there is no active vaccine. But, we are going on for global partners. We are going to take it

up more actively. He was asking what is the hesitation in accepting the truth. This is what I get from the State Governments. I have been getting this information through the State Government surveillance mechanism. There is no denying from the Government of India. ...(*Interruptions*)...

MR. DEPUTY CHAIRMAN: No; no. ...(*Interruptions*)... I cannot allow a debate on the Health Ministry.

DR. ANBUMANI RAMDOSS: Shri Malaisamy raised the issue whether the efforts are all out or marginal. I do not know how to answer this question. Definitely, the Government is going all out. This is a matter of great concern. This disease is spreading to other States also. We are very much concerned about it. In fact, we have to do this work in coordination with the State Governments and we are doing it. I have been actively in touch with all the State Health Ministers, personally and officially also. We are very seriously trying to tackle this huge problem. But, this needs not only the Health Ministry's involvement, but also, like I said, the involvement of the community, the NGOs', Corporates, State Governments, etc. Everybody should be involved. Especially, the hon. Members of Parliament should have more involvement in spreading the IEC activities, that is, the Information, Education and Communication activities.

Sir, with these words, I would like to once again assure that the Government of India is taking active steps in preventing, and, in tackling this problem of chikungunya. Thank you.

GOVERNMENT BILL

The Code of Criminal Procedure (Amendment) Bill, 2006

THE MINISTER OF HOME AFFAIRS (SHRI SHIVRAJ V. PATIL): Sir, I beg to move for leave to introduce a Bill further to amend the Code of Criminal Procedure, 1973.

The question was put and the motion was adopted.

SHRI SHIVRAJ V. PATIL: Sir, I introduce the Bill.